

GEORGIA INSURANCE DEPARTMENT  
PREMIUM TAX UNIT  
916 WEST TOWER, #2 MARTIN LUTHER KING, JR. DRIVE  
ATLANTA, GEORGIA 30334

2004 ANNUAL PREMIUM TAX RETURN  
DUE MARCH 1, 2005

Report of \_\_\_\_\_, chartered in the state  
of \_\_\_\_\_ showing gross direct premiums received and premium tax due in the state of Georgia for the year ended December 31, 2004.

TYPE OF COMPANY: LIFE AND A&S \_\_\_\_\_ HMO \_\_\_\_\_ P&C, SURETY OR CAPTIVE \_\_\_\_\_ TITLE \_\_\_\_\_ OTHER \_\_\_\_\_

COMPANY NAIC NUMBER: \_\_\_\_\_ ☐ ORIGINAL ☐ AMENDED

1. Gross direct premium received on policies issued, excluding annuities.* *Attach reconciliation statement if premiums do not agree with Annual Statement. See instructions for definition of premium.	\$ _____
2. Less premiums returned and dividends paid	_____
3. Taxable premiums (Line 1 minus Line 2)	_____
4. Amount of premium tax (Line 3 times .0225)	\$ _____
ABATEMENTS AND DEDUCTIONS	
5. Allowed under O.C.G.A. §33-8-5 as shown on Form GID-14	\$ _____
6. Allowed under O.C.G.A. §33-8-7 as shown on Form GID-15 (Domestic P & C only)	_____
7. Allowed under O.C.G.A. §33-8-8 as shown on Form GID-17A (Life, A&S, and HMO only)	_____
8. Life and A & S guaranty assessments paid - O.C.G.A. §33-38-22 (See instructions.)	_____
9. County/Municipal taxes paid to Commissioner in 2004 O.C.G.A. §33-8-8.1 (Life, A&S, and HMO only)	_____
10. TOTAL ABATEMENTS AND DEDUCTIONS	\$ ( _____ )
11. Premium tax net of abatements and deductions (Line 4 minus Line 10) (If negative, enter 0.00)	\$ _____
12. Georgia Housing Tax Credit allowed under O.C.G.A. §33-1-18 as shown on Form IT-HC	\$ ( _____ )
13. Retaliatory tax required by O.C.G.A. §33-3-26 as shown on Form GID-13	\$ _____
14. Total tax liability (Line 11 Minus Line 12 Plus Line 13) (If negative, enter 0.00)	\$ _____
PREPAYMENTS AND CREDITS	
15. (a) Prepayment Quarter 1 \$ _____ (Do not include overpayment credit applied)	
(b) Prepayment Quarter 2 _____ (Do not include overpayment credit applied)	
(c) Prepayment Quarter 3 _____ (Do not include overpayment credit applied)	
(d) Prepayment Quarter 4 _____ (Do not include overpayment credit applied)	
(e) Prior Year Overpayment _____ (From 2003 Form GID-12, Line 17 if credit balance)	
16. TOTAL PREPAYMENTS AND CREDITS (Sum of Lines 15a through 15e)	\$ ( _____ )
17. BALANCE DUE (Line 14 minus Line 16) IF POSITIVE AMOUNT, ATTACH CHECK FOR THIS AMOUNT *** CHECK HERE IF PAYING BY EFT <input type="checkbox"/>	\$ _____
18. Quarterly Breakdown of Premiums Collected *Required of all insurance companies regardless of tax payment method used on quarterly prepayments. Breakdown total must equal Line 3.	
(a) Quarter 1 \$ _____	(c) Quarter 3 \$ _____
(b) Quarter 2 \$ _____	(d) Quarter 4 \$ _____
(e) TOTAL COLLECTIONS \$ _____	

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says that  
Deponent Name (Please Print)

he/she is the \_\_\_\_\_ of \_\_\_\_\_, and  
Title (Please Print) Insurance Company (Please Print)

that the foregoing information is true and correct.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public (Signature)--(Attach Seal)

Deponent (Signature)